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Role of NRHM in Rural Areas with Special Reference to ASHA Workers: A Case Study of Madhya Pradesh.

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Abstract:

The National Rural Health Mission (NRHM) was launched by economist and first Sikh Prime Minister of India in the year 2005. One of the fundamental goals of the NRHM is to render every village in India with a skilful female society health activist - Accredited Social Health Activist (ASHA). The National Health Mission (NHM) consists of two parts; one is the National Rural Health Mission (NRHM) and second is National Urban Health Mission (NUHM). The NRHM imagines achievement of universal accession to equitable, affordable & quality healthcare services that are accountable and responsive to people's inevitably in rural areas in India. The NRHM visual sense envisaged provision of efficacious healthcare to rural population throughout the India, to commence with special cantering on 18 states in the year 2005, which had faint public health indicators and weak infrastructure. The mission also intended to fallow synergistic approach by relating Health to factors of good health viz. Nutrition, Sanitation, Hygiene and Safe Drinking water. ASHA is a social health activist in the village, who will create knowledge on health issues and its factors and prepare the society towards local health planning and increased utilization and accountability of NHRM.

Keywords:- NRHM, ASHA, Health, Rural

INTRODUCTION:-

"Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity" (WHO 1948). The National Rural Health Mission (NRHM) is an action undertaken by central govt. of India to direct the health needs of under-served rural population, launched on 12th of April in the year 2005 by Indian economist and then Prime Minister Manmohan Singh. Under the National Rural Health Mission, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given peculiar focus. The core of the NHRM is on establishing a fully functional, community owned, decentralized health delivery system to assure coeval action on a wide range of factors of health such as Water, Sanitation, Education, Nutrition, Social and Gender Equality. Institutional integration within the fragmented health system was expected to grant a focus on outcomes, measured against country's Public Health Standards for all health facilities. The focus on covering rural communities and rural population will continue along with up scaling of NRHM to include non-

communicable diseases and expanding health system coverage to urban areas. The major steps under Mission are as follows:-

- Accredited Social Health Activists (ASHA)
- RogiKalyanSamiti / Hospital Management Society
- Untied Grants to Sub-Centres
- Health care contractors
- JananiSurakshaYojana- JSY
- *National Mobile Medical Units-NMMUs*
- *National Ambulance Services*
- *Janani Shishu Suraksha Karyakram-JSSK*
- *Rashtriya Bal Swasthya Karyakram-RBSK*
- *Mother and Child Health Wings- MCH Wings*
- *Free Drugs and Free Diagnostic Service*
- *District Hospital and Knowledge Center -DHKC*
- *National Iron+ Initiative*
- *Tribal TB Eradication Project*

1) *With the start of National Rural Health Mission, the central government of India proposed Accredited Social Health Activist to act as the interface between the rural society and the public health system. ASHA is one of the major initiatives under NRHM, will create awareness steps on health planning and increased utilization and accountability of the existing health services in rural areas.*

OBJECTIVES OF STUDY:-

The study is set achieve following objectives:-

- To study the effectiveness of NRHM in improving the accesses to quality healthcare services for the rural poor, especially women and children.
- To examine the role and responsibilities of ASHA workers for creating awareness among rural women.

DATA BASE AND METHODOLOGY:-

The study is based on secondary source of data collected from Research Papers, Published Journals, Books, Unpublished Documents, Official Reports- National Rural Health Mission(2005-2012), Hand Book for ASHA Facilitators, Madhya Pradesh State MDG Report 2014-15 and NHRM Annual reports.

National Rural Health Mission and Healthcare:-

NRHM was started in the year 2005, as one key components of NHRM is to provide quality health care to the rural population, especially women and children. Under the National Rural Health Mission, the Empowered Action Group (EAG) States as well as north eastern states of J&K and Himachal Pradesh have given particular focus. The aim of NRHM is on establishing a fully functional, community owned, decentralized health delivery system to ensure continuous action on a wide range of determinants of health such as ***Water, Sanitation, Education, Nutrition, Social and Gender Equality.*** The most significant aspect of National Rural Health Mission is that it is not new health scheme, but new approach to providing healthcare facilities in rural areas. Some of the goals of the National Rural Health Mission (NRHM) are as under:-

- Reduction in Child and Maternal Mortality.
- Universal access to Public Health for Food and Nutrition, Sanitation and Hygiene.
- Prevention and control of Communicable and Non-Communicable diseases including locally Endemic Diseases.
- Access to Intergraded Comprehensive Primary care.

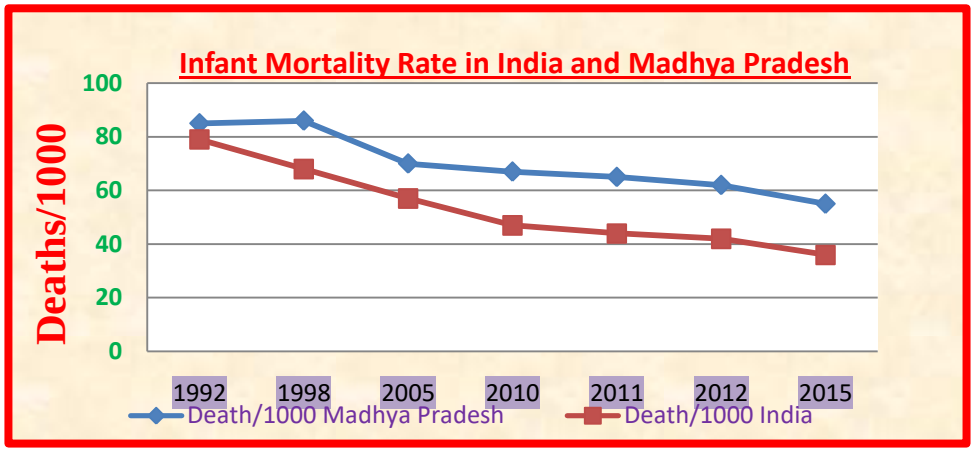
Infant Mortality Rate- India and Madhya Pradesh:-

Melioration of the child health status is the central to Scio-economic development of any community or a nation. The decline of child mortality is not suitable but is an inductive of betterment in general standard of livings. The government has launched numerous health policies for improvement of health conditions of its population. The rate of decline in infant mortality rate in India has declined and accelerated in recent years after implementation of National Rural Health Mission. However, the degree of decrease varies among states in India. The table gives detailed information about infant mortality rate in India and Madhya Pradesh:-

Infant Mortality Rate in India and Madhya Pradesh:-

S.no	Year	Death/1000	
		Madhya Pradesh	India
1	1992	85	79
2	1998	86	68
3	2005	70	57
4	2010	67	47
5	2011	65	44
6	2012	62	42
7	2015	55	36

Source:-AHS, Madhya Pradesh



ANALYSIS:-

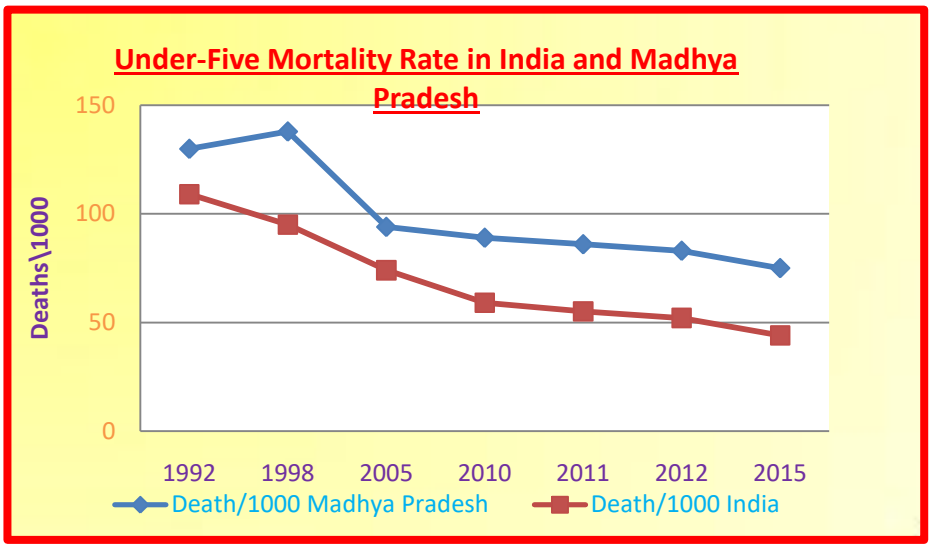
From the above table it is revealed that the IMR of India has shown a slow decline from 79/1000 live births in 1992 to 36/1000 live births in 2015. While in the state of Madhya Pradesh IMR shows a steep decline from 86/1000 live births to 70/1000 (per thousand live births) in 1998 to 2005. Thereafter, the state

shows slow rate of decline from 70/1000 live births to 54/1000 live births in 2005 to 2015. It is revealed that 70% of these deaths every year are due to diarrhea, malaria, especially and during delivery. But with the implementation of NRHM in rural areas the pace of decline in IMR in India and Madhya Pradesh has accelerated in recent years.

Under-Five Mortality Rate in India and Madhya Pradesh:-

S.no	Year	Death/1000	
		Madhya Pradesh	India
1	1992	130	109
2	1998	138	95
3	2005	94	74
4	2010	89	59
5	2011	86	55
6	2012	83	52
7	2015	75	44

SOURCE:- AHS, Madhya Pradesh



ANALYSIS:-

Under-5 Mortality Rate is the number of children dying under 5 years of age per 1000 live births.Under-5 Mortality Rate (U5MR) in the state of Madhya Pradesh is depicting a downward trend from 138/1000 live births to 75/1000 in 1998 to 2015. From 1992 to 1998 there was steep rise in Under-5 Mortality Rate but it started falling from 1998 onwards. The trend analysis of India shows decline of U5MR from 1992 to 2015. Under-5 Mortality Rate sharply from 109/1000 live births in 1992 to 44/1000 live births in 2015. The decline of child mortality is not only desirable but is an inductive of betterment in general standard of livings. This aim have to be achieved by improving the access and utilization of health system, family welfare services and nutrition services with particular focus on rural population through NRHM.

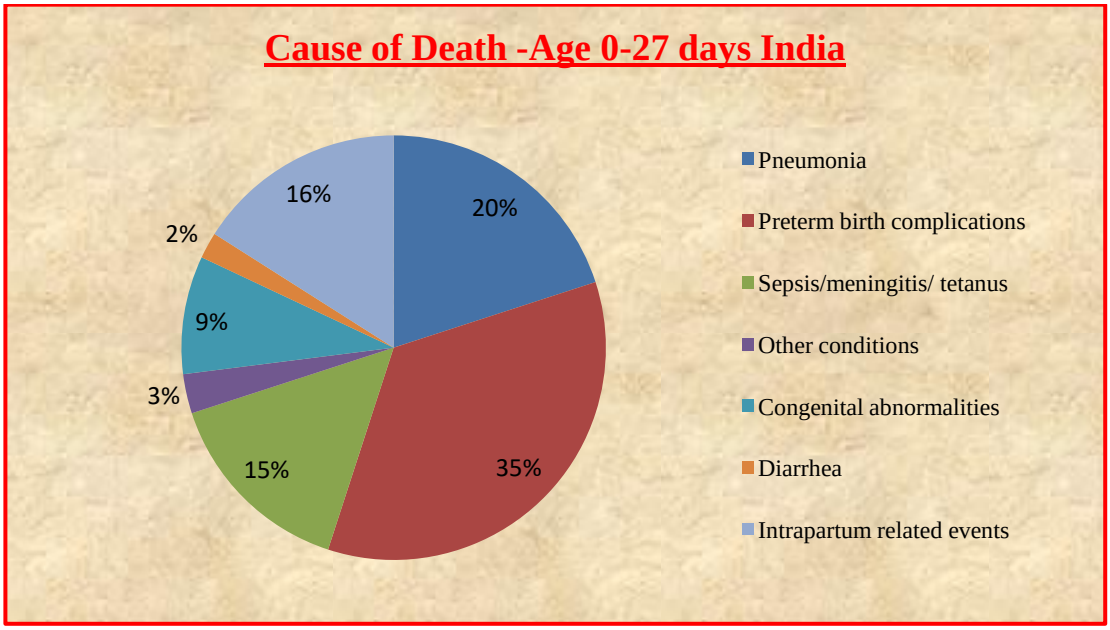
Causes of Child Mortality Rate:-

At the world level India has highest under-5 Mortality rate as per reports by the UNICEF 2013, WHO, World Bank and UN-DESA population division. India ranks 47th in Infant Mortality Rate in the world as report (per World Health Statistics Report 2012). Children born in rural areas have greater risk of dying before age of 5 due to poor households or to malnutrition. The table gives detailed percentage of causes of IMR as under:-

Causes of Death in Children of Age-group 0-27 days in India- 2010:-

S.no	Cause	Percentage
1	Pneumonia	16%
2	Preterm birth complications	35%
3	Sepsis/meningitis/ tetanus	15%
4	Other conditions	3%
5	Congenital abnormalities	9%
6	Diarrhea	2%
7	Intrapartum related events	20%
	Total	100%

Source:- Child Health Epidemiology 2010, WHO



ANALYSIS:-

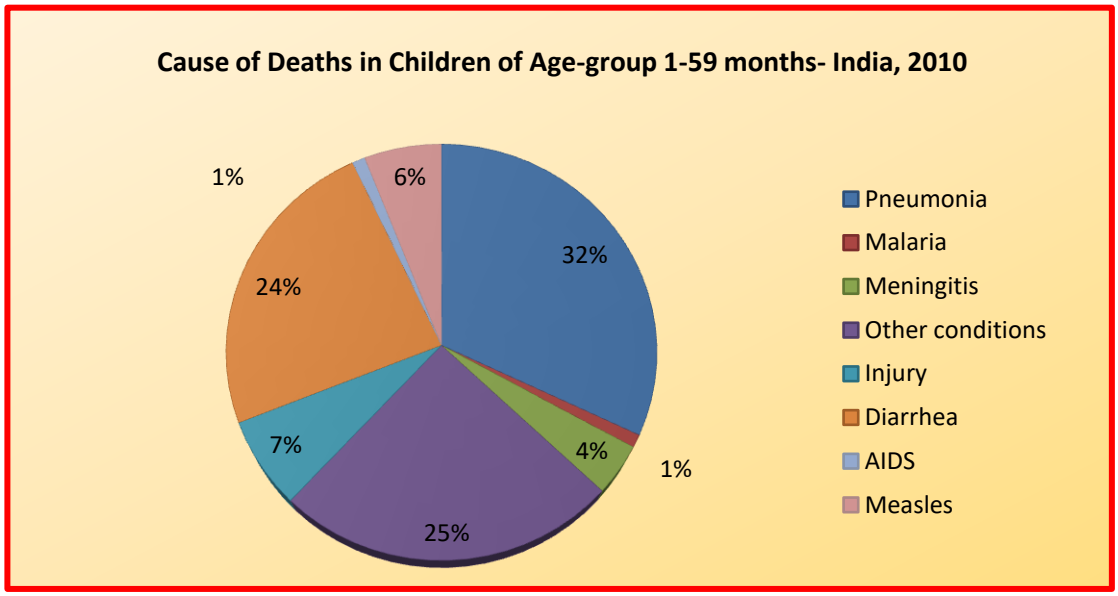
From the above data released by WHO the maximum causes of deaths in India between 0-27 (age group) days are due to preterm birth complications with 35%, followed by Intrapartum with 20%, pneumonia 16%, sepsis/meningitis/ tetanus 15%, congenital 9%, other conditions 3% and only 2% by diarrhoea.

Cause of Deaths in Children of Age-group 1-59 months- India, 2010

S.no	Cause	Percentage
1	Pneumonia	32%
2	Malaria	01%

3	Meningitis	04%
4	Other conditions	25%
5	Injury	7%
6	Diarrhea	24%
7	AIDS	01%
8	Measles	06%
	Total	100%

Source:- Child Health Epidemiology, WHO 2010



ANALYSIS:-

From the above table it is revealed that utmost causes of deaths in our country between 1-59 months are due to pneumonia with 32%, followed by other conditions with 25%, diarrhoea 24%, injury 7%, measles 6%, meningitis 4%, AIDS with 1% and 1% by malaria. The reduction in IMR and U5MR is possible by expanding, preventive and as well as curative methods in rural areas through NRHM, by targeting the major cause of child deaths such as pneumonia, diarrhoea and malnutrition as well as by improving the birth delivery system in rural areas.

Accredited Social Health Activist and NRHM:-ASHA is a health activist in the village. The main work of ASHA is to create awareness in the village on health and its factors and mobilize the village towards better local health care planning. ASHA will also increased utilization and accountability of the health activities in the village. ASHA is one of the major initiatives under the NRHM to act as the interface between village and the health services. The ASHA scheme is critical component of NRHM and is one of several processes which aim to actively busy communities in improving health status. In India 846,309 ASHAs working under NRHM and one ASHA per 1000 population in the rural areas. Following are the points that highlight the role of ASHA workers in the development of rural health system:-

1) Home visit by ASHAs.
2) Attending the village health and nutrition day in her village.
3) Visits to the Primary health centre (PHC).
4) Holding village meetings in village.
5) ASHA to maintain records.

Measurable outcomes of the ASHA programme:-By performing above five activities by ASHA workersin the course of time following main results has been recorded as:-

a) **Maternal Health:-**Every pregnant woman and family receive better health information regarding diet, rest and for pregnancy, delivery as well as family planning. Every pregnant women avails pre and postnatal care at monthly health worker clinic. Family planning is the main outcome of ASHA programme with every couple that needs contraceptive services or safe abortion avail the service.

b) **Newborn and Child Health:-**Home based care for newborn and receives essential care as per schedule. The family receives full information and support it needs to avail immunisation. Management of malnutrition and prevention of illness information is given by ASHA workers to family members.

c) **Disease Control:-**The last and 3rd major outcome of ASHA programme is disease control especially in rural areas. ASHA workers during home visit inform the family about their child health and referred to the centre for further check-up. Each and every outcome is not a separate activity, but they are part of programme followed during one of the activities- home visit and attendance at VHND.

Role of ASHA worker associated with JananiSurakshaYojana (JSY):- JananiSurakshaYojana was launched in the year 2005 by the Indian government. JSY is motherhood intervention scheme intent to promote institutional delivery among poor rural women and to minimise the neo-natal and maternal mortality rate. JSY is operated under the **Ministry of Health and Family Welfare** as a component of NRHM. The scheme provides financial assistance during delivery and post delivery care. At national level about 10,438,000 women receive cash assistance under JSY during 2014-15. Under the JSY ASHA workers also receive cash assistance for their service in promoting institutional delivery of pregnant women.

ASHA workers along with usual duties of providing better care to pregnant women, they also play a vital role in JSY scheme as follows:-

- To find pregnant women as donee of the JSY scheme.
- To abetment the pregnant women to get necessary certificates.
- To diagnose a functional Govt. Health centre or assist Private Health Institution for delivery.
- To accompany the pregnant Women to the Health Centre and as well as stay with her till the women is discharged.

Cash Assistance - JSY Scheme for Pregnant Woman and ASHA Worker

Category	Rural area		Total	Urban area		Total
	Mothers package	ASHA package		Mothers package	ASHA package	
LPS	1400	600	2000	1000	200	1200
HPS	700		700	600		600

Source:- Compiled from internet

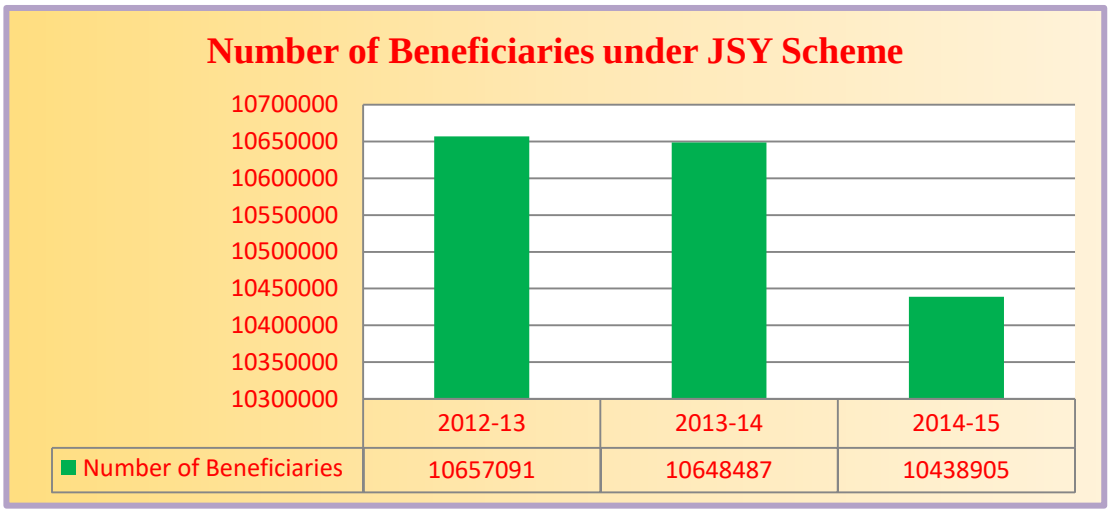
ANALYSIS:-

From above table it is revealed that under JSY in rural areas 1400 Rs cash package is given to mothers and 600 Rs to ASHA in Low Performing States (LPS). While in urban areas 1000 Rs is given to mothers and only 200 Rs to ASHA workers in LPS. In High Performing States (HPS) 700 Rs is given to only women's in rural areas and 600 Rs is given to mothers in urban areas.

Number of beneficiaries under JSY scheme from 2012-2015

	Year	Number of Beneficiaries	Percentage
1	2012-13	10657091	33.57%
2	2013-14	10648487	33.55%
3	2014-15	10438905	32.88%
	Total	31,744,483	100%

Source:- Ministry of Health and Child Welfare.



ANALYSIS:-

From the above table it is revealed that total number of beneficiaries under JSY scheme was 31,744,483 from 2012-13 to 2014-15. During 2012-13 the highest percentage of 33.57% beneficiaries receive cash assistance, 33.55% in 2013-14 and during 2014-15 32.88% receive cash assistance under JSY scheme.

CONCLUSION:-

National Rural Health Mission is a Sub-Mission of National Health Mission (NHM). NRHM main practical objective is to seek quality health care to rural population, especially pregnant women and child. Under this scheme major focus was given to EAG states, Jammu and Kashmir and Himachal Pradesh. The rate of decline of IMR in our country has accelerated in recent years of time after implementation of NRHM Scheme. At world level India has highest Under-5 mortality rate as per UNICEF 2013. India ranks 47th in Infant Mortality rate in world as per WHO (2012). Children in rural areas have greater risk of death than urban areas in India. ASHA workers play a vital role in health sector especially in rural areas and aware the rural people about health related problems.

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